

David Burda:

Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries. Outcomes matter, customers count, and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, January 8th. I hope everyone had a relaxing two-week holiday break. I know I did. It's not like our insecure and draft dodging president played toy soldiers with our military, or our adult brained and anti-vax HHS secretary gutted the childhood vaccine schedule and exposed our kids to deadly, communicable diseases. Well, maybe it wasn't so relaxing. Either way, we're back with the first 4sight Health Roundup Podcast of the year today, and that's a good thing. To reveal their big healthcare predictions for 2026 are Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi, Dave. Hi, Julie. How you two doing this morning? Dave?

David W. Johnson:

Bright eyed and bushy-tailed, Dave. And since we have a lot of squirrels in Michigan, I now know what that means. <Laugh> In any event, I'm raring to get 2026 off to a great start.

Burda

Yeah, everybody's trying to remember where they buried things, right, right now.

Julie, how are you? Feeling squirrely?

Julie Murchinson

I'm good. I think last week was maybe a little too relaxing because Sunday starts JP Morgan and, ooh, feels like a lot.

Burda:

Yeah, yeah, yeah. Jumping right off the cliff. Thank you.

Murchinson:

That's right.

Burda:

Now before I ask you to make your big healthcare predictions for the year, let's talk about typing. Yes, typing. , Today is National Typing Day, if you didn't know. , Dave, are you a touch typist or a hunt and peck kind of person? And if you are a touch typist, when did you learn how to do that?

Johnson::

<Laugh> I, I, I'm actually a touch typist except for the numbers. I was pathetic in graduate school. I mean, trying to type up things. So I, after grad school, I took a typing class at the YMCA and, learned how to type, but I quit before we got to the numbers and never went back. So there you have it.

Burda:

<Laugh> Ah, touch typist dropout. That's, that's great. Julie, how about you? All 10 fingers or just two when you type? And, if it is 10, when did you learn?

Murchinson:

Well, I am definitely one of the faster typers on the planet. I'd put myself to the test. Are there typing contests? I should do that. - Oh. ... I took typing as a freshman in high school because my mother refused to let me take home ec. Remember those days? Yeah.

Burda:

Yep.

Johnson:

Yep. Shallow Home Ec. I took a, I took a class in high school called Bachelor Living. That's<laugh>

Murchinson:

Oh, you did not? Oh, that's great.

Johnson:

We sewed an apron. We made menus. We did all that kind of stuff. Meal plan- Well,

Murchinson:

Today they would just give you a DoorDash account. <Laugh>

Johnson:

<Laugh>

Burda:

That's right. Wow, that's great. Well, I learned how to type with all 10 fingers my freshman year in high school too, but that would've been 1974, so well before you, Julie. My mom also thought it would be a good idea and she was right. But like Dave, I never did master numbers and special characters on a keyboard. I still have to use just two fingers for those. And, well, how many fingers are we gonna give healthcare in 2026? And, there's your transition. So I'm gonna ask each of you for your big healthcare prediction for the year and why, and then a runner up. , Dave, you go first. What's your big prediction for the year? Why does that top your list and what would be your second choice and why?

Johnson:

My big prediction is that 2026 will be the year that autonomous healthcare systems gain traction in a meaningful way. So why do I say that? You might recall, my big story for 2025 was interoperability.

Autonomy and interoperability go to, go together like love and marriage. And as the song says, you can't have one without the other. Well, I think we're gonna get interoperability and that opens the door to autonomy. But what do I mean by autonomous healthcare? It's essentially increasingly more complex levels of human machine collaboration. You know, pretty effective analogy is self-driving cars where you go from level zero, which is manual up to level five, which is fully autonomous. And along the way, level one is visibility, level two is assistance, level three is partial automation, level four is high automation, most healthcare organizations are kind of zero, zero to one, some two, across multiple administration and clinical functions, realistic goals I think are three and four, you know, over the next few years, and at some point when, you, you get into kind of three and four partial automation, high automation, the world just gets, starts to get a lot faster, better, smoother. So I think we're well on the way now, for implementing intelligent platforms that can ingest gargantuan amounts of data, run analytics and gain insights that inform targeted personalized apps that engage end users. You know, as the machines get smarter, they learn how to interpret context, as we're seeing in all the LLMs, and they also gain the ability to act independently where appropriate with, guardrails in place, as necessary. You know, over the break, I read Paul Serrato and John Halampka's book, called *Transform*, and it's on the Mayo Clinic platform and the digital future of health. And they had a pretty incredible quote at the end of their introduction, and I'm just gonna read it. They said, "It is not an exaggeration to say that we're entering a new era of medicine, one in which digital health will profoundly impact the ways you and your neighbors receive patient care and provide medical self-care. While it may be true that medical professionals will not be replaced by the technologies we talk about in this book, professionals who embrace these innovations will replace those who do not." I think that's just such a profound statement that it's not the machines that are gonna replace labor, it's people that know how to work with machines that are gonna replace those that, that don't, and that's true for healthcare administrators as much as it is for medical professionals. So, just to

kinda round it out, there's that great William Gibson quote that we reference all the time, "The future is already here. It's just not evenly distributed." And the Mayo Clinic platform is an example of where intelligent healthcare platforms are heading. You know, today, it's already operating in eight countries. It's EHR agnostic. They're running 325 predictive algorithms on it, and they expect to have 1,000 AI agents on the platform before, by the end of 2026. So where Mayo Clinic has already gone, the rest of the industry is going, and so there you have it. 2026 will be the golden moment for autonomous healthcare. In terms of my runner up, and I'm still digesting this, but during the month of December, I'm calling it the December 10, HHS, mostly through CMMI came out with 10 new care delivery payment and drug pricing pilots. We talked about two of them, Access and Tempo in our December 11th roundup. There are eight more, and collectively, they have the power to alter healthcare's current supply demand dynamics. So I'm gonna be paying a lot attention to that, and I think that'll be a big story in 2026. And I'm just gonna end by saying, I stumbled across this quotation from William Butler Yates, the great Irish poet, where he said, "In dreams begin responsibility, in dreams begin responsibility." And I just find that so powerful. It's not enough to have a vision. You actually have to have the energy, the resources, and the commitment to making it happen. And we're on the cusp, I think, of finally seeing healthcare get to the point where it can run these intelligent platforms, relieve burden for caregivers and consumers. It's been a dream for a long time. Now's the time for us, collectively, to step up, take accountability, and make it happen.

Burda:

You know, I did read in Utah they're testing a system to allow AI to prescribe, , medication. So, I think you're onto something, Dave. Thanks. Julie, any comments on Dave's predictions?

Murchinson:

I don't think it's ever happened before in our years together, but this might be the first year that Dave and I have effectively the same prediction, not quite. <laugh> So I'll hold my flavor of this prediction. But Dave, I couldn't agree more in just the, the hints of what we're seeing around, not just how technology's being used to, help direct a bunch of patients to find their own healthcare answers and be very, autonomous, as you call it, but also, you know, just how, the infrastructure of healthcare is adopting AI to enable easier access to, you know, to the industry. So I think, I think it's, we're seeing it everywhere, and the question is, when does the f- the, the script flip? I would talk to, a leader of a service line yesterday at a pretty big blue plan who was saying, you know, the problem with all these point solutions is that they, they don't route communications back to the PCP and I just, you know, we can't have that happen. And I thought to myself, "Gosh, what world are we living in right now?" It's just, it's so ... Everyone sees healthcare from their lens today. It's very weird. <Laugh>

Burda:

All right, Julie, you're up. Give me your big healthcare prediction for the year and why, and then tell me your runner up and why.

Murchinson:

Well, Dave, I'll just add on to what you were saying. The way I framed this was that, you know, it's gonna be all about starting down the path of DIY health. And I, I think Aging in Place comes into this a little bit as well, so I'll talk about that. But I think a meaningful share of at, at least the commercially insured and the worried well affluent consumers are gonna start using an entirely new, or I should just say different parallel ecosystem of DTC diagnostics, screenings, you know, other primary care programs. And I think on the kind of primary care front, there's two flavors of this. One, as I was saying, I think patients are gonna increasingly, pay to access their doctor when they wanna access their doctor. So you can see more and more kind of cash pay models coming

up. Second flavor is what we've seen with all these AI-enabled primary care solutions that root them to, you know, an arbitrary doctor, not their doctor. I don't think about it so much anymore about as not their doctor, like in the days of Teladoc. I think about this as just new options for healthcare for a lot of folks who don't have a PCP or will, are just too young to have really ever entered, you know, the post-peds world.

Companies like Function Health and Pernovo, you know, who will, will do these deep annual checkups and whole body screenings. So I think both flavors will happen. I also think that aging in place technologies, and home-based services are gonna be integrated more and more into these kinds of offerings, and into just, you know, payer and provider offerings in general. So it's gonna blur the lines between, you know, wellness and medical benefits, I suspect. So that's number one. Number two, which I guess sort of goes hand in hand, is all about scale. Scale's gonna win. And I think, you know, you've already seen it in, in 25 this year with a few blues combinations. I think we'll see a lot more in 26. Independent regional plans and health systems will, will either sell or merge or exit lines of business because they can't, you know, sustain the losses that they're underwriting right now. And we're already seeing, you know, profitable expansion in lower acuity areas for payers, providers, and other strategics, frankly. So you're seeing the model shift right now. And the number one thing that is happening right this second, and I'm sure you guys have seen this over the holidays, Matt Holt from New Mountain Capital, arguably one of the most creative private equity investors in the industry is taking all this toys from New Mountain Capital, putting Middle Eastern money behind it, and launching a data RCM, AI monster call of the row. And this is basically, I think, a play to really rival what Optum's doing. So we're seeing a huge roll-up happen in a bunch of those healthcare companies at MC's rolled up, and it's gonna be pretty interesting.

Burda:

That will be something to watch. Thanks, Julie. Dave, any comments on Julie's predictions?

Johnson:

Well, just on that last point, the Matt Holt story is, is really pretty interesting. I think he's taking five companies that he sourced at New Mountain Capital. Yeah. And he's doing it with New Mountain Capital's blessing. He's, they're gonna be- Yeah. ... Big investors in, in the row and, I wouldn't bet against him. <Laugh>

Murchinson:

Never. I mean, he's amazing.

Johnson:

I mean, yeah. And then, you know, on the whole self DYI Healthcare, I read somewhere a report this week that 40 million people are using ChatGPT to solve medical issues. That's only gonna increase, right? So all of this, is coming very fast, all at once all over the place. And maybe that is the, story that we're, or the theme that both you and I are, are wrestling with. I mentioned that Yates quote earlier. It, it came from an art, installation at the 59th Street and Lexington Avenue, subway station in Manhattan and called Blooming, and it looks like it's right out of a kid's book. I mean, it's bright colors, coffee cups, glass mosaic. And it's, the name is, to some extent, a nod to Bloomingdale's, that's the subway stop for Bloomingdale's. But it's got this more serious, component to it, which is contained in the quotes. The first one I mentioned, in dreams of begin responsibility, the second quote comes from, Gwendolyn Brooks, and it's, something to the effect of, cultivate your blooming. So blooming is a metaphor for growth. Cultivate your blooming in the noise and whip of the whirlwind. And we are definitely in the midst of a, a noisy whipping around whirlwind in the industry. And so you, you put those two together, you know, taking responsibility for the vision and doing it within a disrupting environment. And there you got it on the

subway walls of the 59th Street, Lexington Avenue Station, a really profound metaphor for the moment we found it, find ourselves in, in healthcare.

Burda:

Isn't there a Simon and Garfunkel song where they talk about things written on a subway walls? Sounds of silence. Sounds of silence. There you go.

Johnson:

So- Yeah. When, when I was in the Peace Corps, it took me several months to remember all the words to that song. I had nothing else to do, so I would sit there and try and remember all the words. And I think I got 'em all, but it really did take several months. You know, today... "Phone, what are the lyrics to Sounds of Silence by Simon and Garfunkel?" You know, one second later, there they are with an opportunity to hear the song.

Burda:

Right? That is the future. It took you six months. <Laugh> <laugh> Right.

Johnson:

Exactly. The phrase is the words of the prophets are written on the subway walls and tenement halls.

Burda:

There you go. There you go.

Johnson:

Within the sounds of silence.

Burda:

Excellent. Thanks, Dave. Well, I'll throw one into the ring and it's related to my big story of last year, and that's the fall of the CDC. You know, we've seen measles outbreaks, we've seen whooping cough outbreaks, we're on pace for our record flu season. I predict we're gonna have our first case of homegrown polio in the US since 1979. I hope I'm wrong- Right. ... But, get those iron lungs ready. You know, you guys are heading to the future. I'm heading back to the early 1950s. So, and on that cheery note, let's talk about other big healthcare news that happened over this past week or over the past two weeks. Julie, what else happened that we should know about?

Murchinson:

Well, Dave, you discussed the measles and the flu, so the next most exciting news was going to be that the WeGoVy pill is out might be my time, but then yesterday, ChatGPT launched, I'm sure you saw this-... After 20 years of, you know, Google Health and all that starting, now we have ChatGPT doing, you know, what Google was trying to do back in 2005. And this, I think this contextual health search is, it's already happening. The question is, how does ChatGPT do it right? It's, and I think they could do a lot to help facilitate what people learn and what they do about it.

Burda:

And it'll be the first thing people do the minute they don't feel right, right? Dave, what's your big healthcare news from the past two weeks?

Johnson:

Well, since you indirectly mentioned RFK with your polio observation, way to bring us down, Dave. Thanks. I, <laugh> I was living in trepidation, for the Trump administration's new dietary guidelines, and they came out yesterday. And the truth is they're good and bad, on the good side, limiting highly processed foods and, and sugars, we should all do that. On the bad side, priorities number one and two were protein

and full fat dairy. So obviously the cattle and dairy farmers are, are thrilled. So mixed bag, I thought it was actually gonna be worse, so I, I don't know if I'm feeling relief or whatever you wanna call that. Still, the idea that we're gonna, you know, chow down on, on burgers and milkshakes is, is something to be believed. I'm from the Michael Pollen school, generally speaking, you know, eat real food, mostly plants, not too much. I don't know why we can't put that into dietary guidelines.

Burda:

Thanks, Dave, and thanks, Julie. That is all the time we have for it today. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. You also can subscribe to the Roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.